Behavioral Health Rehabilitation

ODMHSAS and OHCA Reimbursable Services

Behavioral Health Rehabilitation (BHR) Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model

Eligibility

- The individual must be eligible to receive behavioral health services under either ODMHSAS or OHCA (SoonerCare); and must meet eligibility requirements for rehab.
- If billing under a SoonerCare contract, the individual must have SoonerCare eligibility.

Eligibility- Adults

- Must have a history of psychiatric hospitalization or admissions to crisis centers
- Determined to be disabled by the SSA for mental health reasons
- Residing in a residential care facility or receiving services through a specialty court program.

Eligibility-Children

- History of psychiatric hospitalizations or admissions to crisis centers
- Have been determined disabled by the SSA for mental health reasons
- Has a current IEP or 504 Plan for Emotional Disturbance
- Been evaluated by a school psychologist, licensed psychologist/psychiatrist and deemed "At Risk" per the PA Manual

Eligibility

- If billing ODMHSAS, the individual must be receiving services at an ODMHSAS contracted agency and have Mental Health and Substance Abuse in the member eligibility file in the system.
- Being certified by ODMHSAS, and having a contract with ODMHSAS are two separate things. A contract means that your agency receives funding from ODMHSAS.

Prior Authorization

- There must be an active Prior
 Authorization (PA) for the period of time during which the BHR service is provided.
- Getting electronic permission for a person to receive services prior to performing a service.

- Individual must have an active Service
 Plan with BHR treatment objectives
- BHR service provided must be related to the plan unless the services is provided in pre admit status (CDC-21)
- The service(s) provided must include only those service functions that are allowable under BHR, and should be documented in a progress note accordingly

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

| SECTION I Agency: | Date of Transaction (MMDDYYYY): | | Fransaction Time Transaction Type:* (Contacts: 21, 27) |
|---|------------------------------------|---|---|
| Member ID: | Date of Birth (MMDDYYYY): | | 23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72) |
| RACE: (1=Yes for all that apply; Blank=No) | | SCREENS: (1=Yes; 2=No; 3=NA) pp | RIMARY REFERRAL:* AGENCY #: |
| White Black/African American American Indian | GENDER: (F=Female: M=Male) | Mental Health Screen | CONDARY REFERRAL.* AGENCY & |
| Native Hawalian or Other Pac. Islander Asian | Alert Information: | Substance Abuse Screen | DUNTY OF RESIDENCE: (01-77 or Other State Initials) |
| Email Address: ETHNICITY: Hispanic/Latino | | Trauma Screen | CORP. (2000) for House from Streets |
| (1=Yes; 2=No) | Trauma Score | Gambling Screen ZI | P CODE: (99999 for Homeless-Streets) |
| SECTION II & III | LANGUAGE PROFICIENCY | | |
| CURRENT RESIDENCE: | | - | \neg I |
| A. Permanent Housing F. RC Facility/Group Home | What language is preferred?: (0 | - | SMI: (1=Yes; 2=No) SED: (1=Yes; 2=No) |
| B. Perm Sup Hous-Non-Cong G. Nursing Home | Does oustomer speak English v | Well 7. (1=165, 2=NO) | (For customer 18 and older) (For customer under 18) |
| C. Perm Sup Hous-Cong H. Institutional Setting | | | le the cost 30 days have seen the contract have |
| D. Transitional Housing L. Homeless-Shelter | DISABILITY: (01-11 or Blank | | In the past 30 days, how many times has the customer been arrested, or since admission if less than 30 days ago? (00-99) |
| E. Temporary Housing J. Homeless-Streets | ` — | ' ————— <u>—</u> | areset, or since aurission in less than 30 days ago: (00-95) |
| | LEGAL STATUS:* | County of Commitment: | In the past 12 months, how many times has the customer been |
| Is customer in PRISON/JAIL?: (If 1, Residence must-H) | (01,03,05,07,09,12,13,15,17,20,21) | (If Legal Status = 01 or 17, County of | arrested, or since admission if less than 12 months ago? (00-99) |
| 1. Prison 2. No 3. Jali | | Commitment not required) | In the past 30 days, how many times has the customer attended |
| LIVING SITUATION: CHRONIC | TOBACCO USE: Times tobacc | co used on a typical day (00-99) | self-heip/support groups, or since admission if less than 30 days |
| 1. Alone HOMELESSNESS: | | Primary Secondary Tertiary | |
| 2. With Family/Relatives (1=Yes; 2=No) | PRESENTING PROBLEM:* | | ago: (00-99) |
| 3. With Non-Related Persons | | ┖┼╀┤└┼╁┤└┼ | FAMILY ID, |
| EMPLOYMENT: | Drugs of Choloe: (01-21)* | | DOC # or DHS Case Number: |
| Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days) | Usual Route of Administration | :+ (1-6) (1-6) | |
| 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below) | Frequency of Use in Last 30 da | ays:+ (1-6) (1-6) | CLINICIAN OF RECORD (NPI): |
| TYPE OF EMPLOYMENT/ Not in Labor Force: | Age First Used: (00-89) | | |
| 1. Competitive A. Homemaker | | | SECTION IV |
| 2. Supported B. Student | LEVEL OF CARE: (CI, CL, H | IA, OO, SC, or SN)* | (Required if under 18 years old) |
| 3. Volunteer C. Retred | CAR: (Mental Health) | (01-50) | |
| 4. None D. Disabled | Feeling Mood | <u> </u> | |
| 5. Transitional E. Inmate | _ | Note: | |
| 6. Sheltered Workshop F. Other | Thinking | If CAR: Substance Use is score or above, the customer should | |
| Is customer currently IN SCHOOL?: (1-Yes; 2-No) | Substance Use | referred for a substance abuse | |
| · · · · · · · · · · · · · · · · · · · | Medical/Physical | assessment. | Not in out-of-home placement 4. Foster Care |
| EDUCATION: (Highest Grade Completed or Current | Family | If ASI/TASI:Psychiatric Status | |
| Grade 00-25) (00-Less Than 1 Grade Completed, GED = 12) | | scored 4 or above, the custom | |
| MILITARY STATUS: (1-Veteran; 2-No; 3-Active) | Interpersonal | should be referred for a menta health assessment. | In the past 90 days, how many days was the customer |
| MARITAL STATUS: | Role Performance | I I I I I I I I I I I I I I I I I I I | In restrictive placement? (00-99) |
| Never Married 3. Divorced 5. Living as Married | Socio-Legal | | |
| 2. Married 4. Widowed 6. Separated | Self Care/Basio Needs | | In the past 90 days, on how many days did an |
| Is customer PREGNANT7: (1=Yes; 2=No) | A.D.I. (Durbufance Abres) | TARRA (Anna 40 47) | Incident of self-harm occur? (00-99) |
| If Yes enter expected DOB, blank if No | ASI: (Substance Abuse) (0- | | SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable) |
| (MMDDYYYY) | Medical | Chemical | In the past 90 days of the school year, how many days |
| ANNUAL INCOME: \$ | Employ/Support | School | was the customer absent from school? |
| Number contributing to and/or dependent upon | Alcohol Use | Emp/8up | in the past 90 days of the school year, how many days |
| *Annual Income* above: (01-15) | Drug Use | Family | was the customer suspended from school? |
| | Legal Status | Peer/\$00 | OURI PREM INDER AGUIDOL AGE |
| SSI: (1-Yes; 2-No) SSDI: | • | H | CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable) |
| | Family/Social Rel. | Legal | In the past 90 days, how many days was the customer |
| | Psychiatric Status | Psychiatric | Not permitted to return to day care? |
| LEGAL NAME: Last: | Malden: | First | Middle: Suffix: |
| ADDRESS: (1) | (2) | | CITY: STATE: |
| 1.7 | 1-1 | | |

Pre Admit

- CDC Service Type 21 submitted in PICIS
- A start date is issued
- Good for 90 days (Can request an extension online)
- Initial Assessment
- 2. Service Plan Development
- End when prior authorization is accepted
- 4. Limited to 1 per client per agency (unless no services for 6 months)

Staff Providing BHR

The staff providing BHR must have the required credentials

What Staff Can Provide Basic BHR Services?

- Licensed Behavioral Health Professionals (LBHP)
- Certified Alcohol and Drug Counselors (CADC)
- Behavioral Health Case Manager II (Certification issued July 1, 2013 or after)
- All license and certifications must be <u>CURRENT</u>

What Staff Can Provide Specialty BHR Services?

- ODMHSAS General Psychiatric Rehabilitation Model (PSR):
 - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of orientation in the PSR model
- ODMHSAS Illness Management and Recovery (IMR):
 - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of ODMHSAS facilitated training on IMR for PSR programs

Who Can Receive BHR Services?

- Adults with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)
- Children with other emotional or behavioral disorders.

Who is Excluded from Receiving BHR Services?

 An individual, who at the time of service, is not able to cognitively benefit

 Children under the age of 6, unless prior authorization for children ages 4 & 5 has been granted

Who is Excluded from Receiving BHR Services?

- Residents of ICF/IID facilities
- Individuals residing in nursing facilities
- Individuals residing in inpatient hospitals or IMDs
- Inmates of public institutions
- Children receiving Residential Behavioral Management Services in a group home or therapeutic foster home

Service Functions **NOT** Allowed Under BHR

- Counseling/Psychotherapy
- Mentoring
- Discussion/Process based groups (including support groups, AA)
- Discussion/Process based individual services

Service Functions **NOT** Allowed Under BHR

- Academic education/tutoring
- Social/Recreation
- Custodial Care/Day Care (just observing and only intervening if something happens)
- Family education (without the client present)

Service Functions **NOT** Allowed Under BHR

- Room and board
- Supported employment
- Respite
- Travel time

Allowable Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model

Monthly Service Limits

- There are monthly rehabilitation limits for outpatient service levels that apply for both ODMHSAS and OHCA. Group and/or individual rehabilitation services provided in combination may not exceed the following:
 - Level 1 32 Units Per Month (8 hours)
 - Level 2 48 Units Per Month (12 Hours)
 - Level 3 64 Units Per Month (16 Hours)
 - Level 4 No Limit

OHCA Daily Limits

- In addition to monthly rehabilitation limits,
 OHCA also has daily rehabilitation limits:
 - Group Rehabilitation- maximum of 24 units per day for adults, and 16 units per day for children (6 hours for adults, 4 Hours for children)
 - Individual Rehabilitation- maximum of 6 units per day (1 hour 30 Min)

Service Plan

The individual must have an active service plan with BHR treatment objectives, and the BHR service provided is related to the plan. (unless providing CM services under a CDC 21: Pre-Admission array)

- 1. Dates
- 2. Signatures of all people involved
- 3. Correct dates on objectives.

Progress Note

BHR services shall be documented in a progress note

Progress Note Considerations for BHR

- BHR progress notes must relate to the Service Plan
- The BHR intervention should be clearly reflected in the progress note
- BHR progress notes must include the name of the curriculum used
- If working in PSR progress notes may take the form of a daily summary or weekly summary note

Progress Note

- 1) date;
- (2) person to whom services are rendered;
- (3) start and stop times for each service;
- (4) original signature of the service provider
- (5) credentials of the service provider;
- (6) specific service plan needs, goals and/or objectives addressed;

Progress Note

- (7) specific activities performed by the case manager on behalf of the member related to , goals and/or objectives;
- (8) progress or barriers made towards goals and/or objectives;
- (9) member (family when applicable) response to the service;
- (10) any new service plan needs, goals, and/or objectives identified during the service; and
- (11) member satisfaction with staff intervention.

Other Documentation Requirements

 A list/log/sign-in sheet reflecting participants and facilitating rehab clinician, must be maintained for each group rehabilitation session

ARC/ PICIS

www.odmhsas.org/arc.htm

ARC

- ok.gov/odmhsas
- 2. CDC Data Entry System (PICIS)
- 3. Documents

Questions